

eating disorders. Recently, we have shown, for the first time, that there is a relationship between perfectionism and generalized problematic internet use/GPIU (Sobral et al. 2020). Specifically, we found that the role of perfectionism in psychological disorder is partially mediated by GPIU. On the other hand, it has been suggested that the widespread use of digital media can lead to negative body image perception and abnormal eating attitudes and behaviors.

**Objectives:** To explore, for the first time, the relationship between perfectionism, GPIU and disordered eating behavior.

**Methods:** 475 university students (78.9% girls; mean age  $20.22 \pm 1.695$ ) answered the Portuguese validated versions of: Composite Multidimensional Perfectionism Scale, GPIU Scale and Eating Attitudes Test-25. SPSS and Hayes' Process Macro (2020) were used.

**Results:** Bulimic Behaviours/BB significantly and moderately correlated with Perfectionist efforts ( $r=.263$ ), Perfectionist concerns ( $r=.284$ ) and GPIU ( $r=.25$ ) (all  $p < .001$ ). The mediation analyses revealed that GPIU is a partial mediator of the relationship between both perfectionism dimensions and BB.

**Conclusions:** The evidence that both negative and "positive" perfectionism dimensions are associated to eating pathology is in line with our previous research. The present study adds, for the first time, that one of the perfectionism pathways of influence on BB operates through UGPI. Assessment and intervention to diminish eating psychopathology should focus on perfectionism and compulsive traits which could be involved in both ED and GPIU and in their comorbidity.

**Disclosure:** No significant relationships.

**Keywords:** Perfectionism; Generalized problematic internet use; Bulimic Behaviours

## O134

### ECG changes associated with lithium intoxication – a study based on the lisie project

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**Introduction:** It currently remains unclear in how far supratherapeutic lithium serum concentrations can affect the cardiac conduction system. Prolonged QT interval, arrhythmias and cardiac death have all been anecdotally reported, but the systematic studies are few.

**Objectives:** To examine ECG changes occurring with supratherapeutic lithium concentrations that have given rise to lithium toxicity.

**Methods:** We examined all episodes of lithium intoxication defined as serum lithium level ( $\geq 1.5$  mmol/L). We analyzed ECG before, during and after intoxication and recorded ECG changes. These, we then assessed according to type of intoxications, clinical and other pharmacological characteristics. The study is based on 20-year data (1997-2020) from the retrospective cohort study (LiSIE) in the Swedish region of Norrbotten.

**Results:** Of 1101 patients treated with lithium, 77 patients had experienced lithium intoxications. 12 patients had more than one episode of intoxication, yielding 91 episodes. 39 had ECG available both as reference and during lithium intoxication. We found no statistically significant prolongation of the QTc interval during lithium intoxication, compared to respective reference ECG ( $p = 0.364$ ). Heart rate during lithium intoxication was significantly lower, mean 73 beats/min (SD 16,8, range 43 - 112), compared to the reference ECG, mean 79 beats/min (SD 15,3, range 48-112;  $p = 0.006$ ). No patient died. All findings were independent of whether an intoxication was acute or chronic.

**Conclusions:** In our study, heart rate was significantly lower during episodes of intoxication. However, this decrease was of no clinical relevance in most cases. Lithium intoxication was not associated with prolonged QT time.

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**Keywords:** ECG; Lithium intoxication

## Emergency psychiatry

### O135

#### Intensive home treatment in comparison with care as usual: Cost-utility analysis from a pre-randomized controlled trial in the netherlands

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**Introduction:** The implementation of Intensive Home Treatment (IHT) aims to decrease the pressure on acute inpatient services that could lead to prevent hospitalization and reduce the number of hospitalization days and, ultimately, reduce cost in the mental health services. Although there are studies assessing the effectiveness of IHT, there is a shortage of research studying the cost-effectiveness.

**Objectives:** The aim of this study is to present an cost-utility analysis of IHT compared to care as usual (CAU)

**Methods:** Patients between 18 and 65 years of age whose mental health professionals considered hospitalization were included. These patients were pre-randomized in either IHT or CAU and followed up for 12-months. For this study, the base case analysis was performed from the societal and healthcare perspective. For the cost-utility analyses the Euroqol 5D was used to calculate quality adjusted life years (QALYs) as a generic measure of health gains.

**Results:** Data of 198 patients were used. From a societal perspective, the cost-utility analysis resulted in an incremental cost-effectiveness ratios (ICERs) of €58 730, and a 37% likelihood that IHT leads to higher QALYs at lower costs. The probability of IHT being cost-effective was >50% if there was no willingness to pay more for extra QALY than in the current situation under CAU.